



COIN Project Application Form

(Combatants Overcoming Income Needs)

All applications are individually reviewed on a case-by-case basis.

Submitting an application does not guarantee payment of funds.

CLC, Inc. reserves the right to make exceptions on a case-by-case basis.

*** All of the following Eligibility Criteria must be met for your case to be considered:**

- 1) The applicant must be a Veteran with a legible **Member 4/Service 2** copy of his/her DD-214 that states: anything other than a dishonorable discharge or the surviving spouse of a veteran.

Must provide proof of service: DD214 Service - 2 or Member - 4

- 2) Barrier to Employment and/or overall quality of life:
i.e., unemployment, illness, previous deployment, transition into civilian life, etc.
- 3) The applicant must have a household income at or below 80% their area median income.
- 4) **Reside in the state of Texas**

Please email to kwilcox@clcinc.org or fax: 817-569-9016

Expenses Eligible for consideration of payment: *Must be in Veterans or Spouses' name*

- Household expenses – mortgage, or rent; and/or
- Vehicle expenses/Transportation – auto payments, auto insurance, mechanical repairs (case by case, depends on cost of repair); and/or
- Household Utilities; and/or
- Cell Phone; and/or
- Internet; and/or
- Childcare assistance; and/or
- Hotel for transitional housing assistance (short term stay for housing ready individuals)

Expenses Ineligible for consideration for payment:

- Advance payments of any kind
- Credit cards, credit recovery, personal, student or payday loans.
- Cable;
- Medical expenses
- College Expenses;
- Rentals of any kind (other than primary residence);
- Home/Land Tax;
- Any other expense not determined to be a basic life need.

Documentation needed to be considered BEFORE virtual intake appointment:

- 1) DD-214 (Member-4 or Service-2)
- 2) Social Security Card or Birth Certificate or Passport
- 3) Drivers License or Photo ID
- 4) Copy of Past Due Bills for Requested Expense Assistance (*If bill is not in Veteran's name must have marriage license*)
- 5) Proof of ALL HOUSEHOLD Income
- 6) Proof of Residency (Lease, Mortgage Statement, Utility Bill)

*****Screen shot of bills is not an acceptable form of a bill statement*****

Please schedule appointment once you have ALL documents needed for intake



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| APPLICANT'S INFORMATION | | *Required Field |
|--|---------|-----------------|
| NAME* | | DOB: |
| ADDRESS*: | | |
| CITY*: | STATE*: | ZIP*: |
| COUNTY*: | | |
| PHONE*: | EMAIL*: | |
| RELATION*: | | LAST 4 of SS*: |
| Excluding Military Member, please list all dependents residing in home*: | | |
| NAME: | AGE: | RELATIONSHIP: |

Please submit documents by way of: Email:
kwilcox@clcinc.org **Fax: 817-**
569-9016 **mail: 555 N.**
Grants Ln., Ft. Worth, TX 76108

| MILITARY SERVICE INFORMATION | |
|--|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | Are you a Veteran? |
| What is the approximate discharge date of last active duty status? _____ | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Military member was deployed into a war zone? |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Applicant is a Service Connected Veteran? Rating _____ % |

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HOW DID YOU HEAR ABOUT CLC, INC./COIN PROGRAM

***REQUIRED FIELD**

Choose One:

- Texas Veterans Commission
- Family Readiness Center
- VA Representative
- VFW Representative

PHONE*: _____
EMAIL*: _____

OTHER: _____

Financial Hardship

Eviction or Foreclosure has occurred or is scheduled to occur.
Approximate Date:

Utilities have been disconnected or are scheduled for disconnect.
Approximate Date:

Repossession has occurred or is scheduled to occur.
Approximate Date:

Please describe the expenses you need assistance with (i.e. Rent, utilities, mortgage, auto repairs)*:

Please tell us the amount of needed/requested*: \$ _____

Please describe why you are unable to meet this need on your own. Please explain if/how your military service affected this hardship*:

Please explain what action you have taken to resolve this hardship on your own, other than applying for financial assistance*:

Please list the other agencies you are working with (i.e. VA, Salvation Army, local church)*:

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INCOME***REQUIRED FIELD**

Veteran Monthly Income*:

\$ _____

Spouse/Fiancé`/Roommate/Child over 18 Monthly Income*:

\$ _____

Additional Monthly Income*:

| Type: | Amount: | Type: | Amount: |
|--------------|----------------|------------------------------------|----------------|
| Welfare | \$ _____ | Housing BAH | \$ _____ |
| SSI/SSDI | \$ _____ | Child Support | \$ _____ |
| VA Benefits | \$ _____ | Separation Pay | \$ _____ |
| Food Stamps | \$ _____ | Food Substance-BAS | \$ _____ |
| Unemployment | \$ _____ | Hazardous Duty/Imminent Danger Pay | \$ _____ |
| | | Other | \$ _____ |

Total Household Monthly Income \$ _____**MONTHLY EXPENSES:**

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

| | |
|--------------------|----------|
| Rent/Mortgage | \$ _____ |
| Utilities | \$ _____ |
| Phone | \$ _____ |
| Cell | \$ _____ |
| Internet | \$ _____ |
| Cable | \$ _____ |
| Vehicle 1 | \$ _____ |
| Vehicle 2 | \$ _____ |
| Car Insurance | \$ _____ |
| Recreation Vehicle | \$ _____ |
| Household Items | \$ _____ |
| Child Care | \$ _____ |
| Child Support | \$ _____ |
| Student Loans | \$ _____ |
| Credit Cards | \$ _____ |
| Savings | \$ _____ |
| Loans | \$ _____ |
| Food | \$ _____ |
| Other | \$ _____ |
| Other | \$ _____ |

Notes/Explanation:

Total Monthly Expenses: \$ _____**Without a completed budget your application will not be considered.***Please schedule appointment once you have ALL documents needed for intake*

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COIN TERMS AND CONDITIONS

*Please sign and initial

Please initial all blocks below & sign the bottom. This form is essential to the review and approval process. Each application will be reviewed independently and each case will stand on its own merit.

_____ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

_____ I agree to allow the COIN Program to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by COIN Staff.

_____ **I understand that the COIN Program elects to pay for approved merchandise or services directly to the vendor.**

_____ I understand the primary purpose of the COIN Program is to meet immediate and urgent needs.

_____ I understand that because demand is so great, I can only receive the maximum amount allowable for the grant term July 1, 2019 - June 30, 2020.

_____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that CLC, Inc. or Texas Veteran's Commission may require that I submit to an interview, & may request to use my name and the particulars of the financial assistance in press and promotional efforts. I understand that there is no promise of compensation for my participation. If I choose to maintain case confidentiality, it will in no way influence my application. CLC, Inc. may use my written statements and documentation enclosed as needed for these purposes.

_____ I understand that the COIN Program is funded by the Texas Veteran's Commission.

_____ I agree to hold the Texas Veteran's Commission, and CLC, Inc. harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

Please initial your preference: Choose only one

_____ I am willing to be interviewed and featured in news stories. I understand that any photos I provide to become the property of and may be used in fundraising or other publicity materials with no promise of compensation for participation.

OR

_____ I do not wish to be featured in any or other publications.

Veteran Signature

Printed Name

Date

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Please verify that the following documents are enclosed with the application*:

- DD214 - Member Copy #4 **OR** Service Copy #2
- Copy of bills for which you are requesting assistance. ***This must include the Veterans'/Spouses' name and the account number, as well as the vendor's name, address, and phone number with area code.***
- Proof of ALL household income**
Last check stub showing YTD Gross, 1 yr. pay history from VA, SSI, Retirement, Pension, Child Support, TANF, etc...
- Drivers License **OR** Photo ID
- Social Security Card **OR** Birth Certificate **OR** Passport
- Utility bill **OR** lease **OR** mortgage statement to determine county of residence

APPLICATION CANNOT BE REVIEWED WITHOUT ALL OF THE ABOVE SUPPORTING DOCUMENTATION.

You may make an appointment by emailing, mailing, or faxing all documents to:

555 North Grants Lane
Fort Worth, Texas 76108
Fax: 817-569-9016
E-mail: kwilcox@clcinc.org
Website: www.clcinc.org
Questions: 817-569-9008 x16

Once we have received your completed application a representative may contact you to discuss the specifics of the case and/or to request additional information.
This contact does not imply approval of your application.

The approval process normally takes ten (10) business days.

We will contact you as soon as a final determination has been made in your case.

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Virtual Intake Required by way of:

Zoom
Skype
MicrSoft Teams